Zakład Medycyny Rodzinnej
Uniwesytetu Medycznego
w Łodzi

Family Medicine
for English language students of
Medical University of Lodz

Seminar 6

Conflict prevention and
solving in Family Medicine

Our timetable for today

1.1 Conflicts - their sources and patterns

1.2 What can be called medical malpractice

1.3 Role of communication in conflict prevention and solving

2.1 How to prevent conflicts with patients – students' project

2.2 How to prevent conflicts with other healthworkers – students' project

2.3 Presentation of projects and group discussion

3.1 How to solve conflicts with patients – students' project

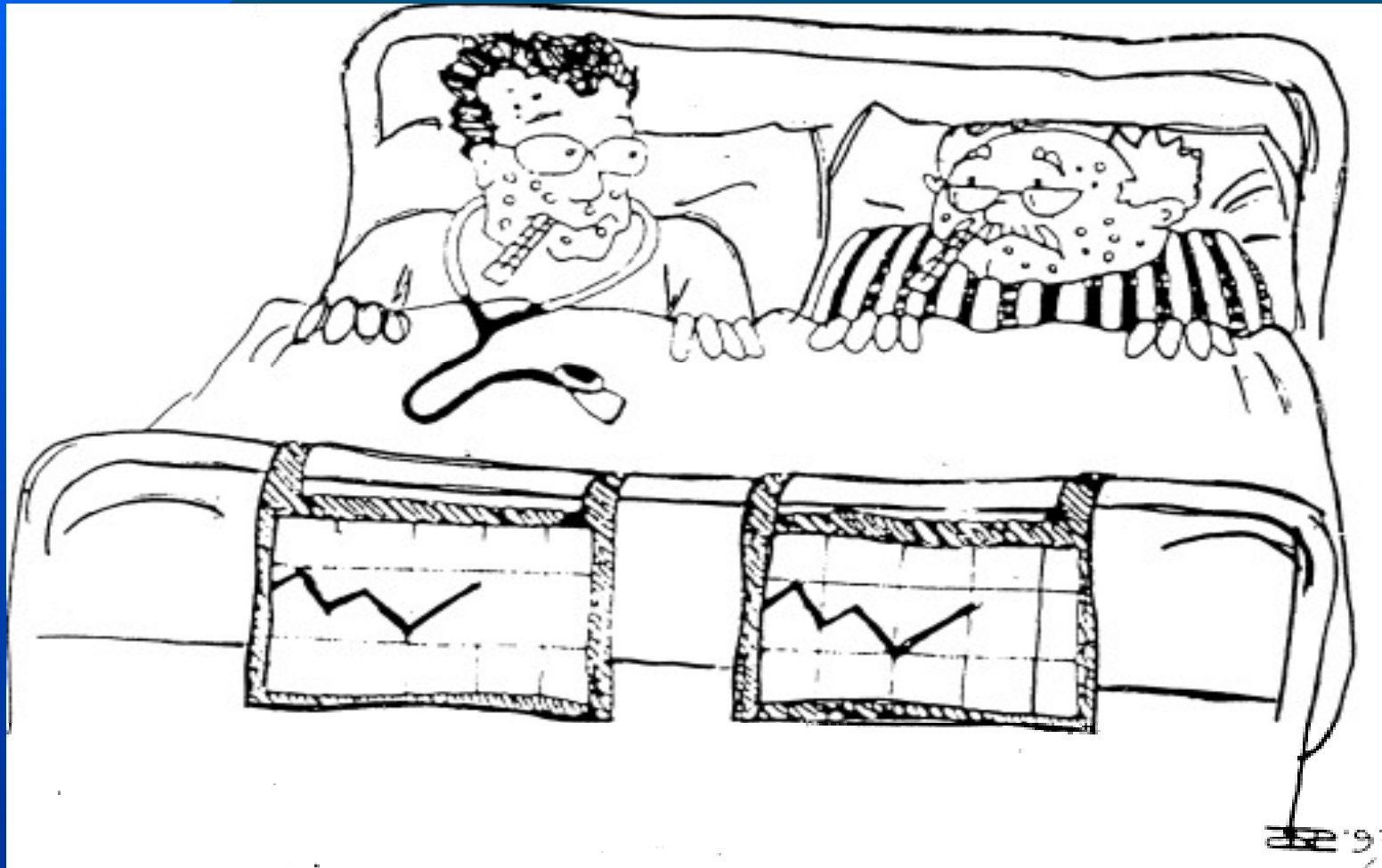3.2 How to solve conflicts with other healthworkers – students' project

3.3 Presentation of projects and group discussion

4.1 Special issues - medical records, data privacy

4.2 Special issues - sexual abuse

4.3 Closing remarks

Total empathy

Assertiveness in practice?

Assertiveness in practice?

Useful terms:

1. Paternalism

2. Obedience

3. Patient compliance

4. Patient adherence

5. Patient-centered care

6. Shared decision-making

7. Patient empowerment

8. Informed patient choice

9. Concordance

Robert Cialdini's six "weapons of influence"

1. Reciprocation

People tend to return a favour. Thus, the pervasiveness of free samples in marketing.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Robert Cialdini's six "weapons of influence"

2. Commitment and Consistency

If people agree to make a commitment toward a goal or idea, they are more likely to honour that commitment. However, if the incentive or motivation is removed after they have already agreed, they will continue to honour the agreement. For example, in car sales, suddenly raising the price at the last moment works because the buyer has already decided to buy.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Robert Cialdini's six "weapons of influence"

3. Social Proof

People will do things that they see other people are doing. For example, in one experiment, one or more accomplices would look up into the sky; the more accomplices the more likely people would look up into the sky to see what they were seeing. At one point this experiment aborted, as so many people were looking up, that they stopped traffic.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Robert Cialdini's six "weapons of influence"

4. Authority

People will tend to obey authority figures, even if they are asked to perform objectionable acts. Cialdini cites incidents, such as the Milgram experiments in the 1950s.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Robert Cialdini's six "weapons of influence"

5. Liking

People are easily persuaded by other people that they like. Cialdini cites the marketing of Tupperware in what might now be called viral marketing. People were more likely to buy if they liked the person selling it to them. Due to the physical attractiveness stereotype we favour more attractive people.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Robert Cialdini's six "weapons of influence"

6. Scarcity

Perceived scarcity will generate demand. For example, saying offers are available for a "limited time only" encourages sales.

Cialdini R. Influence: Science and Practice.
Source: http://en.wikipedia.org/wiki/Robert_Cialdini

Strategies effective in challenging patient

Table 5.5.
A General Approach to Managing Challenging Encounters

- Define what your objectives were for the encounter (i.e., what did you hope would be achieved).
- Hypothesize what your patient's objectives were for the encounter (i.e., what was he or she seeking to accomplish).
- Identify the assumptions or expectations you brought to the interaction (i.e., what did you assume would occur).
- Attempt to define the expectations the patient may have brought to the encounter (i.e., what did he or she expect to, as opposed to hope would, happen).
- Look for the incongruities between the patient's objectives and assumptions and your own.
- Evaluate your use of communication and relationship-building skills within the encounter (i.e., engagement strategies, active listening, summarization, empathy, reflection).

Sloane PD et al., Essentials of Family Medicine

Strategies effective in challenging patient

Table 5.7.
Reassurance Therapy: One Model for Interacting with Challenging Patients

1. Obtain a detailed description of the patient's symptoms. Ask the patient to bring in a list of concerns, and focus on the three most important symptoms at each visit.

2. Elicit the emotional meaning or content of the symptoms, such as realistic fears, irrational phobias, connections to illnesses in friends or relatives, anxiety from incomplete understanding, and anniversary reactions.

3. Perform an appropriately thorough physical examination, selectively repeating only limited portions of the examination in future visits.

4. Make a specific diagnosis, which will often include biomedical and/or psychosocial explanations.

5. Connect the symptoms to the diagnosis, and explain the particular meaning the symptoms may have to the patient.

6. Conclude with expressions of reassurance and support.

Sloane PD et al., Essentials of Family Medicine

Strategies effective in challenging patient

1. Clarify your professional feelings about the patient

2. Use precise and effective communication

3. Suspect undiagnosed psychical illness

4. Set limits and mobilise support systems

5. Continue to be engaged

Sloane PD et al.=. Essentials of Family Medicine